

CLAIMS ONLY						Application Number <u>10/795,977</u>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51		/			
2		/					52			/		
3		/					53			/		
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47			/				97					
48			/				98					
49			/				99					
50			/				100					
Total Indep	2						Total Indep		2			
Total Depend	19						Total Depend		30			
Total Claims	21						Total Claims		34			